

**REVOCATION OF  
POWER OF ATTORNEY WITH  
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|                |                   |
|----------------|-------------------|
| Application #  | 09/757,765        |
| Confirmation # | 8420              |
| Filing Date    | 01/10/2001        |
| First Inventor | HUNDLEY           |
| Art Unit       | 1714              |
| Examiner       | Toomer, Cephia D. |
| Docket #       | P0                |

I hereby revoke all previous powers of attorney given in the above identified application.

I hereby appoint the practitioners associated with the Customer Number: **00881**

Please change the correspondence address for the above identified application to the (below) address associated with Customer Number: **00881**

I am the:

Applicant/Inventor

Assignee of record of the entire interest. See 37 CFR 3.17.  
STATEMENT under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

Signature

Date: *6-13-2008*

Name

*Joe Hundley*

Telephone: *276.632-6819*

Title & Company

*NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required.*

Total of one form is submitted.

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